UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

DAVID CARTER,

Plaintiff,

-against-

1# JOHN DOE [BLACK MALE] ET AL,

Defendants.

24cv6182 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION AND PRISONER AUTHORIZATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Clinton Correctional Facility, brings this action pro se. To proceed with a civil action in this Court, a prisoner must either pay \$405.00 in fees – a \$350.00 filing fee plus a \$55.00 administrative fee – or, to request authorization to proceed in forma pauperis (IFP), that is, without prepayment of fees, submit a signed IFP application and a prisoner authorization. See 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner's account. See 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint without the filing fees or a completed IFP application and prisoner authorization. Within thirty days of the date of this order, Plaintiff must either pay

<sup>&</sup>lt;sup>1</sup> The \$55.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

the \$405.00 in fees or submit the attached IFP application and prisoner authorization. If Plaintiff submits the IFP application and prisoner authorization, they should be labeled with docket number 24-CV-6182 (LTS).<sup>2</sup>

No answer shall be required at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: September 3, 2024

New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN

Chief United States District Judge

<sup>&</sup>lt;sup>2</sup> Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))  -against-		CV	(	)	(	)
		(Provide docket number, if av your complaint, you will not y				·.)
/£.						
(TU	Il name(s) of the defendant(s)/respondent(s))					
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEE	S OR CC	)ST	5	
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees the:	this action. In support of th	is applicati	ion to	)	
1.	Are you incarcerated?	☐ No (If "No," go	to Questio	n 2.)		
	I am being held at:					
	Do you receive any payment from this institution?	Yes No				
	Monthly amount:					
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to ded and to send to the Court certified copies of my accord. U.S.C. § 1915(a)(2), (b). I understand that this means	uct the filing fee from my a unt statements for the past s	ccount in in	nstal . <i>See</i> :	lment 28	
2.	Are you presently employed?	☐ No				
	If "yes," my employer's name and address are:					
	Gross monthly pay or wages:					
	If "no," what was your last date of employment?					
	Gross monthly wages at the time:					
3.	In addition to your income stated above (which you living at the same residence as you received more the following sources? Check all that apply.					se
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	☐ Yes ☐ Yes		No No		

SDNY Rev: 8/5/2015

	<ul><li>(c) Pension, annuity, or life insurance particle</li><li>(d) Disability or worker's compensation</li></ul>	•		Yes Yes		No No
	<ul><li>(e) Gifts or inheritances</li><li>(f) Any other public benefits (unemploy food stamps, veteran's, etc.)</li><li>(g) Any other sources</li></ul>	ment, social security,		Yes Yes Yes		No No
	If you answered "Yes" to any question a money and state the amount that you red					
	If you answered "No" to all of the quest	ions above, explain ho	w you a	re paying	your exp	enses:
4.	How much money do you have in cash	or in a checking, savin	igs, or in	mate acco	ount?	
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:					
6.	Do you have any housing, transportation expenses? If so, describe and provide the				gular moi	nthly
7.	List all people who are dependent on yo much you contribute to their support (or					, and how
8.	Do you have any debts or financial oblig and to whom they are payable:	ations not described a	bove? If	so, descri	be the am	ounts owed
	claration: I declare under penalty of perjustement may result in a dismissal of my cla	•	mation i	s true. I u	nderstand	l that a false
Da	ted	Signature				
Na	me (Last, First, MI)	Prison Identifi	cation # (if	f incarcerate	ed)	
Ac	dress City		State	Zip	Code	
Telephone Number		E-mail Addres	s (if availal	ble)		

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full	name of the plaintiff/petitioner)	CV	(	) (
	-against-	(Provide docket number, if ava complaint, you will not yet hav		
(full	name(s) of the defendant(s)/respondent(s))			
	PRISONER A	UTHORIZATION		
Ву	signing below, I acknowledge that:			
(1)	because I filed this action as a prisoner, <sup>1</sup> I the full filing fees for this case, even if I ar (IFP), that is, without prepayment of fees;	n granted the right to proceed		
(2)	the full \$350 filing fee will be deducted in case is dismissed or I voluntarily withdraw	• •	account, e	ven if my
I at	athorize the agency holding me in custody	to:		
(1)	send a certified copy of my prison trust fur (from my current institution or any institu- six months);		-	
(2)	calculate the amounts specified by 28 U.S. prison trust fund, and disburse those amo	* *	ounts from	n my
	is authorization applies to any agency into er district court to which my case may be to		ferred and	l to any
Dat	<u> </u>	Signature		
Name (Last, First, MI)		Prison Identific	ation #	
Add	dress City	/ State	Zip C	Code

<sup>&</sup>lt;sup>1</sup> A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).